

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

241 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

03915

Reg. Dist. No. 183

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

ELIZABETH M. AMOS

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white

widowed

6. (b) Name of husband or wife

Corbin Amos

7. Birth date of deceased (mo., day, yr.)

Jan 19-1872

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

76 3 1

hrs. min.

9. Birthplace

Cooktown, Harford, Md.

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

FATHER

12. Name

George W. Morse

13. Birthplace

Cooktown Md.

MOTHER

14. Maiden name

Laura Green

15. Birthplace

Baltimore Md

16. Informant

Mrs Fred T Bull

Address

White Hall Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Apr 22-48

Cemetery or crematory

Mrs Waters memorial

Location

Cooktown, Harford Co Md

18. Funeral director

Garrett Street

Address

Jarrettville Md.

19.

(Date rec'd by registrar)

19

48

Thomas R. Brown

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 20 1948 at 5:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 5

19

46

to

April

20

19

48

and that I last saw her alive on

April

19

48

Immediate cause of death

CEREBRAL THROMBOSIS

DURATION

22 hrs.

Due to

1st attack CEREBRAL THROMBOSIS May 1946

Due to

Other conditions

Chronic Coronary Vascular Disease with hyperlipidemia

(Include pregnancy within 3 months of death)

4 yrs?

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Willard P. Hudson M.D.

M. D. or other

Address

Forest Hill Md

Date signed 4/24/48

RECEIVED

MAY 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03916

Reg. Dist. No. 182

1. PLACE OF DEATH:

County HARFORD
City or town RURAL - DEL AIR.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 MONTHS.
Hospital, institution, or street address where death occurred:
HARFORD CONVALESCENT HOME
How long in hospital or institution? 9 MONTHS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State PENNSYLVANIA County YORK.
City or town DELTA. PA.
(If outside city or town limits, write RURAL and give nearest town)
Street No. AT
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME

DANIEL THOMPSON ASBURY

3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced WIDOWED.
6.(b) Name of husband or wife NANNIE ELIZABETH ASBURY
7. Birth date of deceased (mo., day, yr.) 16 DEC 1867
8. AGE: Years 80 Months 3 Days 29 If less than one day hrs. min.

9. Birthplace TAZEWELL CO., VIRGINIA
(Town, county, and state)
10. Usual occupation RETIRED FARMER
11. Industry or business —

12. Name JOHN ASBURY
13. Birthplace TAZEWELL CO., VA.
14. Maiden name EMILY BRINEGER
15. Birthplace TAZEWELL CO., VA.
16. Informant KELLY ASBURY
Address DELTA, PA.

17. BURIAL Date thereof APR. 16 - '48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or place of interment HIGHLAND STREET, MD.
Location HUBERT P. HARKINS
18. Funeral director DELTA, PA.
Address April 15, 1948 M. C. Kirk

19. (Date rec'd by registrar) April 15, 1948 M. C. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 14 1948 at 9:25 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 APRIL 1948 to 14 APRIL 1948
and that I last saw him alive on 13 APRIL 1948
Immediate cause of death HYPOSTATIC PNEUMONIA DURATION 2 DAYS
Due to CONGESTIVE HEART FAILURE 6 DAYS
Due to ARTERIO-SCLEROSIS (ADVANCED) 7 YEARS
Other conditions —
(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

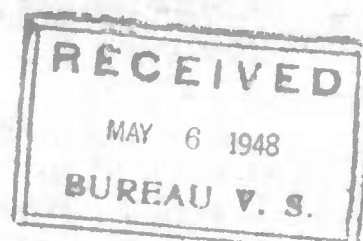
23. SIGNATURE F. P. Sidwell M.D. M. D. or other —
Address DEL AIR, MD. Date signed 14 April 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County.....Hartford
City or town.....Forest Hill Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....life
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State.....Md County.....Hartford
City or town.....Forest Hill Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Charles L Ayres

3. (b) Social Security Number

4. Sex.....M 5. Color or race.....W 6.(a) Single, married, widowed, or divorced.....D

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....Aug 16 - 1941 6.(c) If alive, give age..... years

8. AGE: Years.....7 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....Forest Hill, Md
(Town, county, and state)

10. Usual occupation.....✓

11. Industry or business

12. Name.....Ulysses Grant Ayres
13. Birthplace.....Rocks, Md

14. Maiden name.....Ruth Anne Martin
15. Birthplace.....Hartford Co., Md

16. Informant.....Mr. U. Grant Ayres
Address.....Forest Hill, Md

17. Burial Date thereof.....April 17/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....St Ignatius
Location.....Hickory, Md

18. Funeral director.....Joseph J. Smith
Address.....Bel Air Md

19. 4/16 19 48 P. J. Woodward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 15 19 48 at 4:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 19 46 to April 14 19 48 and that I last saw him alive on April 14 19 48

Immediate cause of death.....Epilepsy, Idiopathic DURATION.....7 years

Due to.....unknown

Due to.....

Other conditions.....Mental deficiency 7 years

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.....Robert Barthel M.D.
Forest Hill, Maryland M.D. or other 4/15/48
Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 159 03918 181

1. PLACE OF DEATH:

County Harford
City or town RURAL - Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 hour
Hospital, institution, or street address where death occurred:
Shack on Livezey Farm, near Aberdeen
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Mo. County Harford
City or town Aberdeen - RURAL
(If outside city or town limits, write RURAL and give nearest town)
Street No. Livezey Farm, Aberdeen (Mt Royal Ave.)
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Baby Boy Biggs (No given name)

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

(None)

7. Birth date of deceased (mo., day, yr.) April 11, 1948 6. (c) If alive, give age years

8. AGE: Years None Months None Days None If less than one day hrs. min.

9. Birthplace Aberdeen, Harford, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

12. Name Mother swears there was no father

13. Birthplace None

14. Maiden name Mary Elizabeth Biggs

15. Birthplace Aberdeen, Md.

16. Informant James D. Biggs (Grandfather)

Address Livezey Farm, Aberdeen, Md.

17. Burial (Burial, cremation, or removal, which?) Buried Date thereof April 12, 1948
(month) (day) (year)

Cemetery or crematory Buried in woods on

Location Livezey Farm, Aberdeen, Md.

18. Funeral director None! Buried by J.D. Biggs

Address Apr. 15 48 Nellie H. Riley

19. (Date rec'd by registrar) Apr. 15 48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1948 at 8:30 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from (Never saw baby alive) 19 48

and that I last saw him alive on 19

Immediate cause of death Prematurity DURATION 1 hr.

Due to Not known, but ap-

parently natural cause

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature W. W. Woodman, M.D.

Address Baltimore + Park Aberdeen Md.

23. SIGNATURE W. W. Woodman, M.D.

Address Baltimore + Park Aberdeen Md.

19 48

Address Baltimore + Park Aberdeen Md.

19 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County..... Harford
 City or town..... Harford Co. Near Buller Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... MD County..... 1
 City or town..... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 3701 Nortonia Rd. Balt. 16/MD
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... World War 121 ✓

3. (a) FULL NAME

JAMES WINFRED BULL

3. (b) Social Security Number

4. Sex..... M 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... M

6.(b) Name of husband or wife..... Ruth Palmer
 7. Birth date of deceased (mo., day, yr.)..... Aug 4-1908
 6.(c) If alive, give age..... years

8. AGE: Years..... 39 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... Emmorton, Md.
 (Town, county, and state)

10. Usual occupation..... Merchant

11. Industry or business

FATHER 12. Name..... Robert L. Bull Sr.
 13. Birthplace..... MD

MOTHER 14. Maiden name..... Alice L. Scatter
 15. Birthplace..... MD.

16. Informant..... Mrs. James W. Bull
 Address..... 3701 Nortonia, Balto 16/MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof..... April 7/48
 (month) (day) (year)

Cemetery or crematory..... Rock Spring

Location..... Forest Hill, MD.

18. Funeral director..... Joseph T. Foster

Address..... Belt Air, MD

19. 4/6 78 P. Lowry
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 8 19..... 48 at..... 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19....., to..... 19.....
 and that I last saw him..... alive on..... 19.....

Immediate cause of death.....
Fracture of Skull
Compound Fracture
Rt. Leg
Fracture of Left Leg

DURATION

Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results..... None Date of op.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Accident Date of..... April 4, 1948
 Where did injury occur?..... Churchville, Harford Co.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Near airfield
 Means of Injury..... Airplane crash Injured at work?..... No

23. SIGNATURE..... J. P. Ramsey, M.D.
 Address..... Aberdeen, Md. Date signed..... 4/4/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford
 City or town Rural - Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Harford
 City or town Rural - Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Emmorton
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Bates G Burt

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife E. May Burt
 7. Birth date of deceased (mo., day, yr.) Dec. 21, 1878 6.(c) If alive, give age _____ years
 8. AGE: Years 69 Months 3 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Wheeling W. Va.
 (Town, county, and state)
 10. Usual occupation lebraryman
 11. Industry or business _____
 12. Name Masson W. Burt
 13. Birthplace Mass.
 14. Maiden name Abbey S. Bates
 15. Birthplace Mass.

16. Informant Mrs. William Norrell
 Address Riderwood Md.
 17. Cremation Date thereof Apr 8 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory London Park
 Location Baltimore, Maryland
 18. Funeral director Howard R. McBrummon
 Address Abingdon Maryland
 19. Apr 8 1948 Mane M. Moulsgale
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1948 at 1:45 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from On April 5, 1948 only
 and that I last saw him alive on April 5 1948
 Immediate cause of death Pulmonary Edema (acute congestive heart failure)
terminating a
Coronary Thrombosis (4/4/48)
 DURATION 6 hrs?
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Willard P. Hudson M.D.
Forest Hill Md M. D. or other _____
 Date signed 4/7/48

Mr. McConno

RECEIVED

APR 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

03921

1. PLACE OF DEATH:

County Harford
 City or town Fallston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Harford
 City or town Fallston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Franklin Cathcart

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

8. (b) Name of husband or wife

Amanda C Batters

7. Birth date of deceased (mo., day, yr.)

Dec 19/1864

8. (c) If alive, give age years

8. AGE:

Years

83

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Harford

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

MOTHER FATHER

12. Name

Wm N Cathcart

13. Birthplace

Md

14. Maiden name

Jane Cathcart

15. Birthplace

Md

16. Informant

Nelson/Kyle

Address

Fallston, Md

17.

(Burial, cremation, or removal, Which?)

Cemetery or crematory

Burial Bethel Presbyterian

Location

Harford Co - Md

18. Funeral director

Joseph J. Foster

Address

Bel Air, Md

19.

(Date rec'd by registrar)

19

48 P. Howard

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 20

19

48, 10⁵⁵ P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1

19

40

to April 20

19

48

and that I last saw him alive on

April 20

19

48

Immediate cause of death

Arteriosclerotic C.V. Disease

DURATION

8 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Gerald C Palmer M.D.

M. D. or other

Address

Bel Air, Md

Date signed

4/21/48

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

REPORT OF SPECIAL AGENT

IN CHARGE OF INVESTIGATION

NAME

DATE

Permanently

ARTISTIAN MUSEUM

FOR RADIO CONTENT

RECEIVED

APR 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03922-86-

1. PLACE OF DEATH:

County HarfordCity or town Harford Chase
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6-9 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Harford Chase
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 S. Union
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annie Howell Cotton

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Fredrick Lee Cotton

7. Birth date of

deceased (mo., day, yr.)

Feb. 6 - 1889

5. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

59128

hrs.

min.

9. Birthplace

Harford Chase

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19. April 5 - 48

(Date rec'd by registrar)

19. 48

G. L. Lewis M. D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1948 at 2:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1947 to April 1948and that I last saw him alive on April 2 1948

Immediate cause of death

Coronary & pericardialblock

Due to

Due to

Other conditions

hypertension

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. J. Senior

M. D. or other

Address Harford Chase Date signed April 3, 1948

RECEIVED

APR 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03923

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HarfordCity or town Harre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution?

14 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HarfordCity or town Harre de Grace
(If outside city or town limits, write RURAL and give nearest town)Street No. 217 Freedom Alley

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Auretha Cox

3. (b) Social Security Number

4. Sex

F.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

○

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

May 14, 1897

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

50

hrs.

min.

9. Birthplace Fitzgerald, Benhill, Ga.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

No Record

13. Birthplace

MOTHER

14. Maiden name

No Record

15. Birthplace

16. Informant

Mr. William Vickers

Address

217 Freedom Alley

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

4-6-48
(month) (day) (year)

Cemetery or crematory

Asbury

Location

Churchville, Maryland

18. Funeral director

Address

Elmer E. Bell
556 Lewis St. Harre de Grace

19.

Apr. 5 - 1948
(Date rec'd by registrar)

19.48

A. L. Lewis M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1948 at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2-48 1948 to Apr. 3-48 1948and that I last saw him alive on Apr. 2-48 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

Due to

Hypertensive. C.V.D.

?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

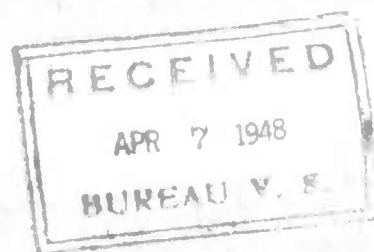
Injured at work?

23. SIGNATURE

John F. Vogner, M.D.

M. D. or other

Address Harford, Harre de Grace Date signed 4-3-48



RECEIVED

APR 9 1948

BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03925

Reg. Dist. No. 182

1. PLACE OF DEATH:

County HartfordCity or town Kelma
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HartfordCity or town Benson (Rural)
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

John Divers

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife _____

B. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Mar 28 - 1867

8. AGE:

81

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Upper Cross Rds, Hartford Co., Md.
(Town, county, and state)

10. Usual occupation

Retiree

11. Industry or business

FATHER

12. Name

ANN INIAS Divers

13. Birthplace

MD

MOTHER

14. Maiden name

Mary Jones

15. Birthplace

MD

16. Informant

Mrs Mary Divers

Address

Benson, Md

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

April 4 / 48
(month) (day) (year)

Cemetery or crematory

St. Providence Methodist

Location

Upper Cross Rds

18. Funeral director

Joseph J. Foster

Address

Bel Air, Md

19.

(Date rec'd by registrar)

19

48 00 Louwood

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 - 1948, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 6th 1948 to April 1st 1948and that I last saw him alive on March 22nd 1948Immediate cause of death Arterio-sclerotic
Cardiac disease

DURATION

Due to

Senile changeunknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

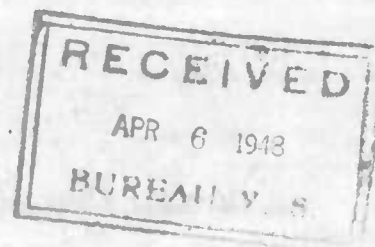
23. SIGNATURE

A. F. Van Bibber

M. D. or other

Address

Bel Air, MdDate signed April 2nd 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03926

Reg. Dist. No. 192

1. PLACE OF DEATH:

County Harford
City or town Warrington Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Yrs. 6 Mos.
Hospital, institution, or street address where death occurred:
Walters Nurseing Home
How long in hospital or institution? 2 Yrs. 6 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Cecil
City or town Perryville, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Rebecca Evans

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife William E. Evans
6.(c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) June 10, 1876
8. AGE: Years 71 Months 9 Days 28 It less than one day _____ hrs. _____ min.

9. Birthplace Loreley, Balto. Co., Md.
(Town, county, and state)
10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name John B. Pensel
13. Birthplace Baltimore Co., Md.
MOTHER 14. Maiden name Annie B. Knight
15. Birthplace Baltimore Co., Md.

16. Informant Louise Owens
Address Perryville, Md.

17. Burial Date thereof April 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Asbury

Location Port Deposit, Md. Rural
P. A. Patterson & Son

18. Funeral director Perryville, Md
Address _____

19. April 8, 48 M. W. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 19 48 at 6:00A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 19 48 to April 6 19 48
and that I last saw her alive on April 6 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 11 days

Due to Hypertensive cardiovascular disease. Unknown

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. B. Barthel MD. M. D. or other

Address Forest Hill, Maryland. Date signed 4/7/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 14 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

47dX

03922
1882

1. PLACE OF DEATH:

County Harford
City or town Harbide House
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Harford Memorial Hospital

How long in hospital or institution? 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Van Bibber
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ANNIE T. FITZPATRICK

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1859 6. (c) If alive, give age

8. AGE: Years 88 Months 4 Days 10 If less than one day

9. Birthplace England
(Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant Mrs. Charles King

Address Van Bibber, Harford Co.

17. Burial Date thereof Apr. 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Francis

Location Abingdon Md.

18. Funeral director Howard K. McComas & Son

Address Abingdon Md.

19. May 3 19 48 A. L. Lewis M.D.
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 25 April 1948 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 April 1948 to 25 April 1948
and that I last saw her alive on 25 April 1948

Immediate cause of death Respiratory failure
Due to Pulmonary edema
Due to Cardiac decompensation
Other conditions probable carcinoma left lung
(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE R. B. Perment M.D.

Address Harford Memorial Hosp M. D. or other
Harford Md Date signed 25 April 48

MARGIN RESERVED FOR BINDING

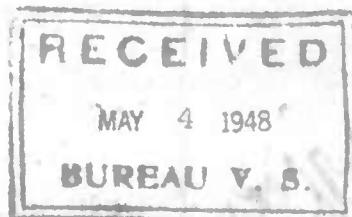
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9-45-15M

VS-A15

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

03928

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford
City or town Street
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 42 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Harford
City or town Street
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Samuel Walter Gladden

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widower
6. (b) Name of husband or wife Ella Devoe
7. Birth date of deceased (mo., day, yr.) April 27 1875 6. (c) If alive, give age years
8. AGE: Years 72 Months 11 Days 9 If less than one day hrs. min.

9. Birthplace Rocks Harford Co md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name James Wilson Gladden

13. Birthplace Rocks md

14. Maiden name Blanche Richardson

15. Birthplace Rocks md.

16. Informant Charles Gladden

Address Street md.

17. Burial Date thereof Apr 8-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Highland

Location Street

18. Funeral director Walter Glutz

Address Jamettville md.

19. Apr. 8, 1948 Thomas R. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 6, 1948 at 3:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1947 to April 6, 1948

and that I last saw him alive on April 2, 1948

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles E. Jeff md.
MD, or other

Address Street, md. Date signed Apr 8-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03929

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HarfordCity or town Harre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution?

9 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HarfordCity or town Rural Harre de Grace P.O. #2
(If outside city or town limits, write RURAL and give nearest town)Street No. -

(If rural, give LOCATION)

2. (a) If veteran, name war -

3. (a) FULL NAME

Mrs. Bessie E. Gorrell

3. (b) Social Security Number

220-22-0569

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Percy H. Gorrell

7. Birth date of deceased (mo., day, yr.)

July 24, 18936. (c) If alive, give age - years

8. AGE:

Years 54Months 8Days 18

If less than one day

hrs. -min. -

9. Birthplace

Ta.

(Town, county, and state)

10. Usual occupation

House Duties

11. Industry or business

FATHER

12. Name

Floyd B. Albert

13. Birthplace

Ta.

14. Maiden name

Almeta May Tom

15. Birthplace

Ta.

16. Informant

Mrs. Minnie B. Gorrell

Address

Harre de Grace, Md. P.O. #2

17.

(Burial, cremation, or removal, which?)

Date thereof

Apr. 14, 1948
(month) (day) (year)

Cemetery or crematory

Rock Run

Location

Harford Co. Md.

18. Funeral director

R. Madison Mitchell

Address

Harre de Grace Md.

19.

April 13, 1948
(Date rec'd by registrar)G. L. Lewis M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 11th 1948 at 4³⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 4/48 to April 11, 1948
and that I last saw him alive on April 11th 1948

Immediate cause of death

Terminal cancerous
cachexia
Carcinoma of uterus
with extensive pelvic
invasion

DURATION

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John F. Noguera MD

M. D. or other

Address Hospital - H. de Grace Date signed 4/12/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County HarfordCity or town Rural - Whiteford
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

Home - Whiteford, Md.

How long in hospital or institution?

3. (a) FULL NAME

Minnie Ellen Ingram

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Paul Landrith Ingram6. (c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) April 19, 1903

8. AGE: Years Months Days If less than one day

45 0 3 — hrs. — min.9. Birthplace Ash County - North Carolina

(Town, county and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John Burr Mahaffey13. Birthplace Wilkes Co. N. C.14. Maiden name Mary Frances Johnson15. Birthplace Ash Co. N. C.16. Informant Husband - Paul L. IngramAddress Whiteford, Md.17. Burial Date thereof April 26, 1948

(Burial, cremation or removal) (month) (day) (year)

Cemetery or crematory Charlottesville, Md.Location Harford Co. Md.18. Funeral director H. S. BaileyAddress Charlottesville, Md.19. April 24, 1948 Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Rural - Whiteford Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 23, 1948 at 12:35 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15, 1948 to April 23, 1948and that I last saw her alive on April 22, 1948Immediate cause of death CARCINOMA OF THE GALL BLADDERDURATION 16 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

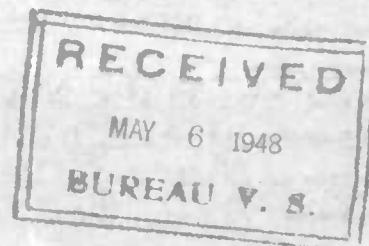
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Charles A. Neff M.D.Address St. Rt. 1, Md. Date signed 4-23-48

M. D. or other _____



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Fallston Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 mo.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Bell Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Florence Magness

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Robert Lee Magness
 7. Birth date of deceased (mo., day, yr.) apr 19-1876 6.(c) If alive, give age years
 8. AGE: Years 72 Months 7 Days 7 If less than one day
 hrs. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)10. Usual occupation Homemaker

11. Industry or business

FATHER 12. Name John Winkler13. Birthplace Germany14. Maiden name Christine SmithMOTHER 15. Birthplace Germany16. Informant Mrs. Mildred PrestonAddress Fallston Md.17. Burial Date thereof apr 30-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Carmel MethodistLocation Emmorton Md.18. Funeral director W. H. ArcherAddress Benson Md.

41 28 48 P. Lowwood

19. (Date reg'd by registrar) 19. 41 28 48 P. Lowwood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 19 48 at 6:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 19 48 to April 27 19 48and that I last saw him/her alive on April 27 19 48Immediate cause of death Carcinoma left breastwith metastases. 1 2 years.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

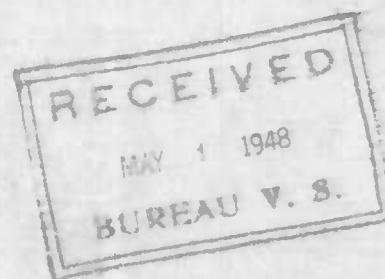
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Robert Barthel M.D. M. D. or otherAddress Forest Hill, Maryland Date signed 4/28/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH ^{94a}Reg. Dist. No. ¹⁸²

1. PLACE OF DEATH:

County..... Harford
 City or town..... Belt Air Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 12 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... md County..... Harford
 City or town..... Rural - Belt Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lawrence Mannix

3. (b) Social Security Number

4. Sex..... M 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... UNKNOWN
 6.(b) Name of husband or wife..... ✓
 7. Birth date of deceased (mo., day, yr.)..... July 6 - 1870 6.(c) If alive, give age..... years
 8. AGE: Years..... 77 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... Ireland
 (Town, county, and state)
 10. Usual occupation..... Nann
 11. Industry or business.....
 FATHER 12. Name..... Lawrence Mannix
 13. Birthplace..... Ireland
 MOTHER 14. Maiden name..... Mary Farland
 15. Birthplace..... Ireland

18. Informant..... Clark Fitzpatrick
 Address..... Belt Air, Md
 17. Burial..... Date thereof..... April 12/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... County Home
 Location..... Near Belt Air, Md
 18. Funeral director..... Jos J. Foster
 Address..... Belt Air, Md
 19. 4/12 19 48 P. Foster
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... April 11 19 48 at 4:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 - 1948 to April 11 1948
 and that I last saw him alive on 10th 19 48
 Immediate cause of death..... Coronary Thrombosis DURATION..... 1 day
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... Wesley P. Hudson M. D. or other
 Address..... Font Hill Date signed..... 4/12/48

RECEIVED

APR 14 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County..... Hartford
 City or town..... Edgewood
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 Days
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... MD County..... Hartford
 City or town..... Edgewood, MD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Thomas Ireanus McLean

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Winifred Clark

7. Birth date of deceased (mo., day, yr.)

Dec 21 - 1879

6. (c) If alive, give age..... years

8. AGE:

68

Years

Months

Days

If less than one day

..... hrs. min.

9. Birthplace

Clinton, Iowa
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Richard McLean

13. Birthplace

N.Y.

MOTHER

14. Maiden name

Elizabeth Jackson

15. Birthplace

Iowa

16. Informant

Mrs. J. Norman Ambrose

Address

Edgewood MD

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

April 19/48
(month) (day) (year)

Cemetery or crematory

Calvary Cemetery

Location

Clinton, Iowa

18. Funeral director

Joe J. Fisher

Address

Bellin Md

19. (Date rec'd by registrar)

4/15

19. (Date rec'd by registrar)

48P. Fourwood

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 19 48 at 4:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 819 48to April 1519 48

and that I last saw h. in alive on

April 1419 48

Immediate cause of death

Cerebral thrombosis

DURATION

4-12-48

Due to

Arteriosclerosis

Years

Due to

Other conditions myocarditis with hypertrophy
and cardiac hypertrophy
(Include pregnancy within 3 months of death)

Years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederic D. Hodous, M.D.

M. D. or other

Address

Edgewood MDDate signed 4-15-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03933

a3d

RECEIVED

APR 17 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County *Harford*City or town *Harford*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *6 m.*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Harford*City or town *Harford*
(If outside city or town limits, write RURAL and give nearest town)Street No. *453 Queen*
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Mr. Elmer P. Meredith

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

*Widow*6. (b) Name of husband or wife *Elmer P. Meredith (deceased)*

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Dec. 25, 1859

8. AGE:

Years

Months

Days

If less than one day

*88**3**15*

hrs.

mo.

9. Birthplace

South Hampton L.I.

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

Wm. S. Griffin

13. Birthplace

England

MOTHER

14. Maiden name

Salah P. Berry

15. Birthplace

South Hampton L.I.

16. Informant

Mr. John E. Harris

Address

453 Queen St., Harford Chase

17. Buried

(Burial, cremation, or removal. Which?)

Date thereof

4/11/48

(month) (day) (year)

Cemetery or crematory

Angel Hill

Location

Harford Chase

18. Funeral director

Pennington & Son

Address

Harford Chase, Md.

19. Apr. 10

(Date rec'd by registrar)

19. 48

G. L. Lewis

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 9

19. 48

at

7:17 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 3, 19. 47 to April 9, 19. 48

and that I last saw him alive on April 8, 19. 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Arterio Sclerosis

Due to

Hypertension

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

4-10-48

RECEIVED

APR 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03935
183

1. PLACE OF DEATH:

County HarfordCity or town White Hall R.F.D.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 21 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town White Hall R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Edward Everett Moffitt

3. (b) Social Security Number

NONE4. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 23 18768. AGE: Years 71 Months 11 Days 21 If less than one day _____ hrs. _____ min.9. Birthplace Baltimore City
(Town, county, and state)10. Usual occupation Farm Laborer

11. Industry or business _____

12. Name George W. Moffitt13. Birthplace Baltimore, Ind.14. Maternal name Mary Jane Wynn15. Birthplace Baltimore, Ind.16. Informant Mrs. Ella M. ArnenAddress 1852 Greenbush ave17. Burial Date thereof April 16-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BechtelLocation White Hall R.F.D.18. Funeral director Howard S. MarkhamAddress White Hall, Ind.19. Apr 16 1948 Thomas R. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1948 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1943 to Apr 14 1948and that I last saw him alive on Apr 14 1948Immediate cause of death Chronic Myocarditis

DURATION

Due to _____

Due to _____

Other conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. M. France

M. D. or other

Address Parkton, Ind. Date signed 4/14/48

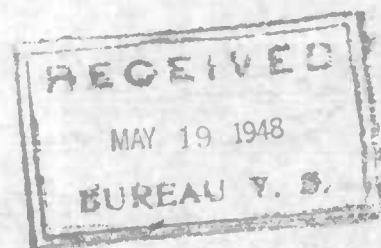
RELEASE TO THE PUBLIC BY THE

CERTIFICATE OF ENTRY

U.S. DEPARTMENT OF HEALTH

U.S. DEPARTMENT OF HEALTH

41



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

03935

1. PLACE OF DEATH:

County Harford
 City or town Rural, Chedoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 46 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Rural, Chedoke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural, Chedoke road
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

WILLIAM HENRY PRESBURY

3. (b) Social Security Number

217-05-7710

4. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Clara V. Parker
 6. (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) July 5, 1901

8. AGE: Years 46 Months 9 Days 9 If less than one day hrs. min.

9. Birthplace Chedoke Harford Co. Md.
 (Town, county, and state)

10. Usual occupation Day laborer

11. Industry or business

12. Name Nelson Presbury

13. Birthplace N. J.

14. Maiden name Eliza Brooks

15. Birthplace Chedoke Md.

16. Informant Mrs. William H. Presbury

Address Chedoke Md.

17. Burial Date thereof April 19, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory not known

Location near Chedoke Md.

18. Funeral director Single Fanning Sons

Address Chedoke Md.

19. Apr. 19 19 48 Nellie H. Riley
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 15 19 48 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

Due to Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

Due to Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

Other conditions Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

(Include pregnancy within 3 months of death)

Major findings of operations Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

Date of op. Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

Where did injury occur? Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

Injured at home, farm, industry, public place (where?) Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

Means of injury Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

Injured at work? Perforated Ruptured Gastric Ulcer with Massive Hemorrhage

23. SIGNATURE J. H. Ramsey, M.D.

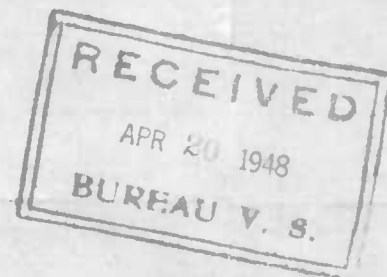
Address Chedoke Md.

Date signed April 17, 1948

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

03937

1. PLACE OF DEATH:

County HARFORD
 City or town NEAR BELCAMP Shore of Grace
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
HARFORD MEM. HOSP.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MARYLAND County BALTIMORE
 City or town PEISERTOWN RD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war NO

3. (a) FULL NAME

GEORGE PARKER

3. (b) Social Security Number

NONE

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mildred
 7. Birth date of deceased (mo., day, yr.) July 29 1904
 6. (c) If alive, give age 44 years
 8. AGE: Years 43 Months 9 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Durham, Penna.
 (Town, county, and state)

10. Usual occupation FARM OVERSEER

11. Industry or business

FATHER 12. Name Harvey Riegel

13. Birthplace Bucks County, Pa.

MOTHER 14. Maiden name Anna Mae Nicholson

15. Birthplace Northampton County, Pa.

16. Informant Clarence Grieb

Address 717, Hunt St. Nashville, Tenn.

17. Burial Date thereof Apr. 18/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Durham Cemetery

Location Durham, Penna.

18. Funeral director ROBERT A. STRUTHERS

Address Easton Rd. Riegelsville, Pa.

19. Apr. 15-48 G. L. Lewis, M. D. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1948 at 11:15 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____, 19____, to _____, 19____.

end that I last saw him _____ alive on _____, 19____.

Immediate cause of death _____
Sub-Arachnoid and Subdural
Hemorrhage - Multiple Intracerebral
Due to Hemorrhages - Contusion + laceration
Lower Lobe Rt Lung - Bilateral
Due to Hemothorax
 Other conditions Terminal perforating Stomach
Ulcer
 (Include pregnancy within 3 months of death)

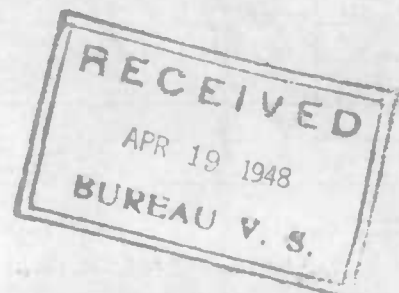
Major findings of operations _____
 Date of op. _____

Autopsy results as above
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of April 13, 1948
 Where did injury occur? Near Belcamp Harford Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route #40
 Means of Injury Auto accident Injured at work? No

23. SIGNATURE J. H. Ramsey, M.D.
Physician Medical Examiner M. D. or other
 Address Aberdeen, Md. Date signed 4/15/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03938

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Bel-air Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 mo
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? 1 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Harford
 City or town Bel-air Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION) No
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah Swift

3. (b) Social Security Number

No

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Benjamin Swift
Dead (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 14, 1863

8. AGE: Years 85 Months 1 Days 8 if less than one day _____ hrs. _____ min.

9. Birthplace Harford Co., Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Geo. Griffith

13. Birthplace Harford Co., Md.

14. Maiden name Mary Russell

15. Birthplace Harford Co., Md.

16. Informant Mr. Samers Haslack
Street, Md. Rural
 Address Buried Date thereof April 25, 1948
 (Burial, cremation, or removal)

17. Cemetery or crematory Dublin & M. Cem.
 Location Harford Co., Md

18. Funeral director H. S. Bailey
 Address Charlottesville, Md.

19. Date rec'd by registrar April 24, 48 Registrar M. V. Kirk

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1948 at 7:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1948 to April 22 1948 and that I last saw him alive on April 22 1948

Immediate cause of death Pulmonary Embolus DURATION Immediate

Due to Fracture, Right Hip 5 weeks

Due to _____

Other conditions Decubitus Ulcer, Sacrum 3 weeks

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Acc. Date of March 1948

Where did injury occur? _____ (City or town) Dublin (County) Md. (State)

Injured at home, farm, industry, public place (where?) Church steps

Means of injury Fall of steps Injured at work? _____

23. SIGNATURE Robert Barthel MD. M. D. or other _____

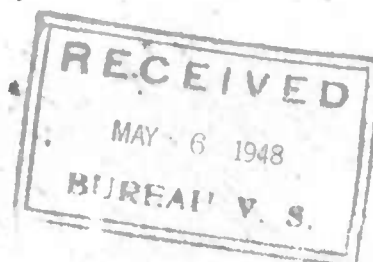
Address Forest Hill, Md. Date signed 4/23/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03939

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH

County Harford
City or town Benson
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Maryanna Riley

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Elihu H TILLEY

7. Birth date of

deceased (mo., day, yr.)

July 27 1883

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

64329

hrs.

min.

9. Birthplace

Cash County NC
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Alex Dixon

13. Birthplace

NC

MOTHER

14. Maiden name

Cynthia Gamble

15. Birthplace

NC

16. Informant

Robert Tiley

Address

Benson Md

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

4/27/48
(month) (day) (year)

Cemetery or crematory

Centre

Location

Forest Hill Md

18. Funeral director

Chas E Gross

Address

Benson Md

19.

(Date rec'd by registrar)

4/26

19.

48P Towood

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Harford

City or town

Rural - Bel Air
(If outside city or town limits, write RURAL and give nearest town)

Street No.

Mr Benson
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 24 1948 at 12:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1945 to April 24 1948and that I last saw him alive on April 24 1948

Immediate cause of death

Coronary Thrombosis

DURATION

11.00

Due to

Terminating

Due to

Hypertensive Cardio-

Other conditions

Vascular disease 4 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Willard P. Hudson

M. D. or other

Address

Forest Hill MdDate signed 4/26/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County HARFORD
 City or town MAGNOLIA (RURAL)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 27 YEARS
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Harford
 City or town Magnolia
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

AGNES WATERS

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Wm H. Waters
 7. Birth date of deceased (mo., day, yr.) abt 1873 6. (c) If alive, give age _____ years
 8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Cal. Co. md
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name Lin
 13. Birthplace Lin
 14. Maiden name Elizabeth B. Brown
 15. Birthplace md

16. Informant William H. Waters
 Address Magnolia md

17. Burial Date thereof May 3-4
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Int. Aulim
 Location _____

18. Funeral director James A. Hayes
 Address 142 W. Hill St.

19. Apr. 30 19 48 D. W. Hadriel
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 19 48 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/27 19 48 to 4/29 19 48
 and that I last saw h. e. r. alive on 4/29 19 48

Immediate cause of death CONGESTIVE HEART FAILURE DURATION 3 DAYS

Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. W. Stewart Jr. M.D. M. D. or otherAddress EDGEWOOD, MD. Date signed 4/29/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03341

182

1. PLACE OF DEATH:

County Harford
 City or town Bel Air in Green Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Broadway
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Julia G

Wilson

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6.(a) Single, married, widowed, or divorced W
 6.(b) Name of husband or wife J Pur Wilson
 7. Birth date of deceased (mo., day, yr.) July 7-1870 6.(c) If alive, give age..... years

8. AGE: Years 77 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace Harford Co., Md
 (City, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Wm Thomas Billings Jr

13. Birthplace Md

MOTHER 14. Maiden name Mary A. Gilbert

15. Birthplace Md

16. Informant Dr. Chas. Sutzar

Address Bel Air Md

17. Burial Date thereof April 6/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MT Zion

Location Fountain Green

18. Funeral director Jos. T. Foster

Address Bel Air, Md

19. 4/15 48 P. Toward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 19 48 at 6:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 48, to April 14 19 48
 and that I last saw her alive on April 14 19 48

Immediate cause of death Hypernephroma of Kidney
 Due to..... DURATION 3

Other conditions Chr. Myocardial Disease 2 yr
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other

Address Forest Hill Date signed 4/15/48

RECEIVED

APR 17 1948

BUREAU V. S.